

State of New Jersey Department of Labor Division of Workers' Compensation PO Box 381 Trenton, New Jersey 08625-0381		EMPLOYEE'S CLAIM PETITION		(DO NOT FILL IN) CASE No. _____ D.O. _____	
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P E T I T I O N E R	SOCIAL SECURITY NUMBER <hr/> NAME <hr/> ADDRESS (Including County) <hr/> ZIP CODE <hr/>	A T T O R N E Y F O R	<input type="checkbox"/> NEW JERSEY REGISTRATION NUMBER <input type="checkbox"/> SSN <input type="checkbox"/> FEDERAL EMPLOYER ID NUMBER <hr/> NAME <hr/> ADDRESS <hr/> TELEPHONE (Area Code) <hr/>
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VS

R E S P O N D E N T	NAME <hr/> ADDRESS (including County) <hr/> ZIP CODE <hr/>	I N S U R A N C E	NAME (indicate if Not Covered or self-insured) <hr/> ADDRESS <hr/> ZIP CODE <hr/> CARRIER'S CLAIM FILE NUMBER <hr/>
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TO THE DIVISION OF WORKERS' COMPENSATION:

Petitioner, alleging that Petitioner sustained an injury by an accident arising out of and in the course of petitioner's employment with Respondent, compensable under R.S. 34:15-7 et seq., supplements and amendments, respectfully states:

Date of Accident			Where		
<input type="checkbox"/> Occupational Exposure Dates of Exposure					
How Injury Occurred					
Occupation			Date Stopped Work		Date Returned to Work
Sex	Date of Birth	Marital Status	Date Injury Reported To Employer and To Whom		
Gross Weekly Wages \$		Rate of Compensation \$	Temporary Disability Paid \$		Permanent Disability Paid \$

DESCRIBE EXTENT AND CHARACTER OF INJURY: If there has been amputation or disability to any member or impairment of any physical function, explain fully _____

Medical aid (WAS) (WAS NOT) furnished by Petitioner's employer.
 Give names and addresses of physicians and hospitals:

- ☐ Demand is hereby made for answers to standard occupational disease interrogatories.
- ☐ Demand is hereby made for all records of medical treatment, examinations and diagnostic studies.

WERE YOU ELIGIBLE FOR MEDICAID BENEFITS AT THE TIME OF THE ACCIDENT? ☐ YES ☐ NO
 DID YOU BECOME ELIGIBLE FOR MEDICAID BENEFITS AFTER THE ACCIDENT? ☐ YES ☐ NO
 YOU ARE ADVISED THAT MEDICAID PAYMENTS RELATED TO THE ACCIDENT ARE TO BE REPAID IN ACCORDANCE WITH N.J.S.A. 30:4D-1, ET SEQ.

In occupational disease claims, list claims against other employers filed or to be filed for the same or similar occupational diseases.

DATES OF EMPLOYMENT

(Petitioner)

DIVISION OF WORKERS' COMPENSATION